

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/536da37

APPLICANT(S)

6-30-06 07/8/02 CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					S1					
2				1				S2					
3					1			S3					
4						1		S4					
5							1	S5					
6								S6					
7								S7					
8								S8					
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44								S44					
45								S45					
46								S46					
47								S47					
48								S48					
49								S49					
50								S50					
TOTAL IND.	3							TOTAL IND.					
TOTAL DEP.	12							TOTAL DEP.					
TOTAL CLAIMS	15							TOTAL CLAIMS					